

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number: 020706

Please Read  
Application And  
Notes, if Any,  
Attached

This is to certify that Maine Center For The Blind Five Star Electrical Systems

has permission to Upgrade existing fire alarm system

AT 189 Park Ave Portland, ME 052 C003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is laid or closed-in. **48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. *[Signature]*

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

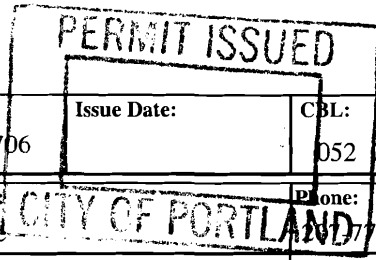
*[Signature]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                       |             |                     |
|-----------------------|-------------|---------------------|
| Permit No:<br>02-0706 | Issue Date: | CBL:<br>052 C003001 |
|-----------------------|-------------|---------------------|



|   |   |   |                      |
|---|---|---|----------------------|
| Location of Construction:<br>189 Park Ave | Owner Name:<br>Maine Center For The Blind &             | Owner Address:<br>189 Park Ave                          | Phone:<br>774-6273   |
| Business Name:                            | Contractor Name:<br>Five Star Fire & Electrical Systems | Contractor Address:<br>246 Old Alfred Road E. Waterboro | Phone:<br>2072474432 |
| Lessee/Buyer's Name                       | Phone:  | Permit Type:<br>Fire Alarm System                       | Zone:                |

|  |   |   |  |                    |
|--|---|---|--|--------------------|
| Past Use:<br>Training Center for the Blind | Proposed Use:<br>Training Center for the Blind w/upgraded fire alarm system | Permit Fee:<br>\$72.00  | Cost of Work:<br>\$6,735.00                  | CEO District:<br>3 |
|  |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: <i>Not Type...</i> |                    |

|  |                               |                               |
|--|-------------------------------|-------------------------------|
| Proposed Project Description:<br>Upgrade existing fire alarm system  | Signature: <i>[Signature]</i> | Signature: <i>[Signature]</i> |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |                               |                               |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |                               |                               |
| Signature:   |                               | Date:                         |

|                         |                                 |                        |
|-------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>jmy | Date Applied For:<br>06/24/2002 | <b>Zoning Approval</b> |
|-------------------------|---------------------------------|------------------------|

|  |   |   |   |
|--|---|---|---|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol> <p><i>Closed!</i><br/><i>Scanned</i></p> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: |
|--|---|---|---|

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

|   |         |      |       |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT                      | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE |         | DATE | PHONE |